

Entered - 06/11/01 - sb
CL01L0350 - DIANNE C. MITCHELL

01- *R*-1367

CLAIM OF: **ROBYN K. WALTERS,**
through her insurance carrier,
Nationwide Insurance Company
P. O. Box 1612
Alpharetta, Georgia 30009

For damages alleged to have been sustained as a result of a vehicular
accident on April 25, 2001 at Cascade Avenue and Avon Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0350

Date: August 6, 2001

Claimant /Victim ROBYN K. WALTERS
BY:(Ins. Co.) Nationwide Insurance Company
Address: P. O. Box 1612, Alpharetta, Georgia 30009
Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$ _____
Date of Notice: 06/07/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 04/25/01 Place: Cascade Avenue and Avon Avenue
Department Police Division: _____
Employee involved Ronald W. Hudson Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way to the claimant's vehicle causing damages to same. However, the claimant's insurance carrier has withdrawn its subrogation claim and the claimant is pursuing collection of the damages on her own.(See Claim Number 01L0360)

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 08-07-01
Committee Action: _____ Council Action _____

FORM 23-61



P.O. Box 1612 * 4500 Northpoint Parkway * Alpharetta, GA 30009

City of Atlanta
Municipal Clerk
City Hall
55 Trinity Avenue SW
Atlanta, GA 30335
Attn: Law Dept

ENTERED - 06-11-01 - DP
01L0350 - DIANNE MITCHELL

May 30, 2001

M. Mitchell
06/11/01
[Signature]
RECEIVED

JUN 07 2001 *[Signature]*

MUNICIPAL CLERK

YOUR INSURED : Ronald Hudson/ City of Atlanta (police officer; Zone 4)

YOUR INSURED'S ADDRESS :

*
Atlanta, GA 30311

YOUR POLICY NUMBER :

ACCIDENT LOCATION : CASSCADE NEAR JOHNNY WHITATLANTA
30314FULTON

DATE OF ACCIDENT : 04-25-2001

OUR INSURED : Robyn K Walters

OUR CLAIM NUMBER : 77 10 7 061490 04252001 41

We have been informed that you are the insurance carrier for Ronald Hudson, City Of Atlanta .
Our investigation of the accident between our respective insureds indicates that your insured was responsible.

Please accept this letter as notice of our subrogation rights.

We will contact you with the amount due and provide you with our supporting documents.

Thank you for your cooperation.

NATIONWIDE ASSURANCE
Martini Hicks
Claims Department
(770)667-6667

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